Fill in this information to identify	your case:					
Leonard Jones	1					
Debtor 1 First Name	Middle Name	Last Name		_		
Debtor 2 (Spouse, if filing) First Name	Middle Name	Last Name		_		
United States Bankruptcy Court for the:						
01 10400	_ Lastern District of Fermisy	,				
Case number 21-12428 (If known)				Check if t	nis is: nended filing	
					•	postpetition chapter 13
					e as of the follow	
Official Form 106I	-			MM / I	DD / YYYY	
Schedule I: You	ır Income					12/15
Be as complete and accurate as posupplying correct information. If you figure separated and your spot separate sheet to this form. On the Part 1: Describe Employment	ou are married and not fili use is not filing with you, e top of any additional pag	ing jointly, and yo do not include inf	ur spo ormat	ouse is living with to ion about your spo	you, include infor ouse. If more spac	mation about your spouse. e is needed, attach a
Fill in your employment						
information.		Debtor 1			Debtor 2 or i	non-filing spouse
If you have more than one job, attach a separate page with information about additional employers.	Employment status	Employed Mot employ	ed		Employed	
Include part-time, seasonal, or self-employed work.						
Occupation may include student or homemaker, if it applies.	Occupation					
	Employer's name					
	Employer's address					
		Number Street		Number Street		
					-	
		-01	01.1	710.0	-0"	01.1. 710.0.1.
	How long employed the	City	State	e ZIP Code	City	State ZIP Code
	riow long employed the					
Part 2: Give Details About	Monthly Income					
Estimate monthly income as of	the date you file this forn	n. If you have noth	ing to	report for any line, w	rite \$0 in the space	e. Include your non-filing
spouse unless you are separated If you or your non-filing spouse he below. If you need more space, a	ave more than one employe		ormatio	on for all employers	for that person on t	he lines
,				For Debtor 1	For Debtor 2	or.
				I OI DEDIOI I	non-filing spo	
List monthly gross wages, salary, and commissions (before all deductions). If not paid monthly, calculate what the monthly wage was a second commission.			2.	\$0.00	\$	
3. Estimate and list monthly ove	rtime pay.		3.	+ \$ 0.00	+ \$	
4. Calculate gross income. Add li	ne 2 + line 3.		4.	\$0.00	\$	

Combined monthly income

D

		For D	ebtor 1		For Debtor 2 or non-filing spouse	
Copy line 4 here	• 1	•	0.00		\$	
List all payroll deductions:	→ 4.	Ф			Φ	
	Eo	•	0.00		¢.	
5a. Tax, Medicare, and Social Security deductions	5a.	\$	0.00		\$	
5b. Mandatory contributions for retirement plans	5b.	\$	0.00		\$	
5c. Voluntary contributions for retirement plans	5c.	\$	0.00		\$	
5d. Required repayments of retirement fund loans	5d.	\$	0.00	•	\$	
5e. Insurance	5e.	\$	0.00		\$	
5f. Domestic support obligations	5f.	\$	0.00		\$	
5g. Union dues	5g.	\$			\$	
5h. Other deductions. Specify:	5h.	+\$	0.00		+ \$	
		\$			\$	
		\$			\$	
		\$			\$	
Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h$.	6.	\$	0.00		\$	
Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00		\$	
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00		\$	
8b. Interest and dividends	8b.	\$	0.00		\$	
8c. Family support payments that you, a non-filing spouse, or a dependence regularly receive	ent					
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00		\$	
8d. Unemployment compensation	8d.	\$	0.00		\$	
8e. Social Security	8e.	\$_3	,273.00		\$	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistar that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.	nce		0.00			
Specify:	8f.	\$	0.00		\$	
openiy.	_	\$	0.00		\$	
8g. Pension or retirement income	8g.				+\$	
	8g. 8h.	+ \$	0.00			
8g. Pension or retirement income 8h. Other monthly income. Specify:			,273.00] [\$	
8g. Pension or retirement income	8h.	\$ <u>3</u>]]+[\$ =	\$3,273.00
8g. Pension or retirement income 8h. Other monthly income. Specify: Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. Calculate monthly income. Add line 7 + line 9.	8h. 9. 10. dule .	\$ <u>3</u>	,273.00] [\$_3,273.00
8g. Pension or retirement income 8h. Other monthly income. Specify: Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. State all other regular contributions to the expenses that you list in Schelling contributions from an unmarried partner, members of your household,	8h. 9. 10. dule : your d	\$ 3	,273.00 ,273.00 tts, your roo] [ates, and other	\$_3,273.00

13. Do you expect an increase or decrease within the year after you file this form? No.

☐ Yes. Explain: